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PTO/SB/05 (4/98)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Or, for new non-provisional applications under 37 C.F.R. § 1.53(B))

|  |  |                |  |
|--|--|----------------|--|
| Attorney Docket No.                      |  | M61.12-0611    |  |
| First Inventor or Application Identifier |  | Ciprian Chelba |  |
| Title                                    | LANGUAGE MODEL ADAPTATION USING SEMANTIC SUPERVISION |                |  |
| Express Mail Label No.                   |  | EV388909335US  |  |

**APPLICATION ELEMENTS**  
See MPEP chapter 600 concerning utility patent application contents.**Address To:** Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ \*Fee Transmittal Form e.g., PTO/SB17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant Claims small entity status
3. ☒ Specification [Total Sheets **28**]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention)  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets **4**]
5. Oath or Declaration [Total Sheets **4**]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 Copies); or  
ii. ☐ Paper
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO - 1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request Under 35 USC 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent
17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information:

Examiner: \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

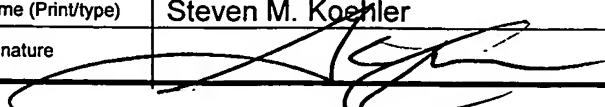
**FOR CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE**☐ Customer Number or Bar Code Label

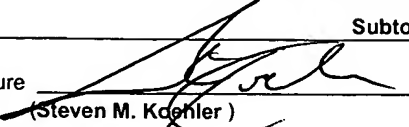
(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

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|                   |   |                                   |         |
|-------------------|---|-----------------------------------|---------|
| Name (Print/type) | Steven M. Koehler   | Registration No. (Attorney/Agent) | 36,188  |
| Signature         |  | Date                              | 3/31/04 |

| FEE TRANSMITTAL   |               | Complete if Known  |  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
|---|---------------|--|--|--|----------|-----------------|----------|-----------------|----------|-----|------|------|------|--------|------|------|------|------|-----|--|------|--------------|------|-------------------------------------|--|------|-----|------|------|--|------|------|------|------|---|----------------------------|---|------------------------|-------|------|-------|--|-----------------------------------|------|-----|------|-----|--|------|------|------|------|---|---|----|------|-----|---|--------------------------|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-----|------|----|-------------------------|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|--|--|------|----|------|----|--|----|---------------------------|--|--|--|--|--|----------------------------|--|--|--|--------------------------|--|
|   |               | Application No.  |  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
|   |               | Filing Date  | MARCH 31, 2004                                       |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
|   |               | First Named Inventor   | Ciprian Chelba                                       |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
|   |               | Title  | LANGUAGE MODEL ADAPTATION USING SEMANTIC SUPERVISION |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
|   |               | Group Art Unit   |  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
|   |               | Examiner Name  |  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| Total Amount of Payment \$ 810  |               | Atty. Docket Number  | M61.12-0611  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| METHOD OF PAYMENT (Check One)   |               | FEE CALCULATION (Continued)  |  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> .<br>Westman, Champlin & Kelly, P.A.<br><br>2. <input checked="" type="checkbox"/> Check Enclosed  |               | <b>3. ADDITIONAL FEES</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1814</td> <td>110</td> <td>2814</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to Revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40</td> </tr> <tr> <td colspan="4">Other Fee (specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>Subtotal (1) \$ 770</b></td> <td colspan="2" style="text-align: right;"><b>Subtotal (3) \$40</b></td> </tr> </tbody> </table> |  | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee | Fee  | Fee  | Fee  | Code   | (\$) | Code | (\$) |      |     | 1051   | 130  | 2051         | 65   | Surcharge - Late filing fee or oath |  | 1052 | 50  | 2052 | 25   | Surcharge - Late provisional Filing Fee or cover sheet |      | 1053 | 130  | 1053 | 130                                       | Non-English specification  |   | 1812                   | 2,520 | 1812 | 2,520 | For Filing a Request for Reexamination. (ex parte) |                                   | 1251 | 110 | 2251 | 55  | Extension for reply within first month |      | 1252 | 420  | 2252 | 210   | Extension for reply within second month |    | 1253 | 950 | 2253  | 475                      | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1814 | 110 | 2814 | 55 | Terminal Disclaimer Fee |  | 1452 | 110 | 2452 | 55 | Petition to Revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to Revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility/Reissue issue fee (inc. advance copies) |  | 1502 | 480 | 2502 | 240 | Design issue fee (inc. advance copies) |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40 | Other Fee (specify) _____ |  |  |  |  |  | <b>Subtotal (1) \$ 770</b> |  |  |  | <b>Subtotal (3) \$40</b> |  |
| Large Entity  |               | Small Entity   |  | Fee Description  | Fee Paid |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| Fee   | Fee           | Fee  | Fee  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| Code  | (\$)          | Code   | (\$)   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1051  | 130           | 2051   | 65   | Surcharge - Late filing fee or oath  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1052  | 50            | 2052   | 25   | Surcharge - Late provisional Filing Fee or cover sheet                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1053  | 130           | 1053   | 130  | Non-English specification  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1812  | 2,520         | 1812   | 2,520  | For Filing a Request for Reexamination. (ex parte)                         |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1251  | 110           | 2251   | 55   | Extension for reply within first month                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1252  | 420           | 2252   | 210  | Extension for reply within second month                                    |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1253  | 950           | 2253   | 475  | Extension for reply within third month                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1254  | 1,480         | 2254   | 740  | Extension for reply within fourth month                                    |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1255  | 2,010         | 2255   | 1,005  | Extension for reply within fifth month                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1402  | 330           | 2402   | 165  | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1403  | 290           | 2403   | 145  | Request for oral hearing   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1814  | 110           | 2814   | 55   | Terminal Disclaimer Fee  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1452  | 110           | 2452   | 55   | Petition to Revive - unavoidable   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1453  | 1,330         | 2453   | 665  | Petition to Revive - unintentional   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1501  | 1,330         | 2501   | 665  | Utility/Reissue issue fee (inc. advance copies)                            |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1502  | 480           | 2502   | 240  | Design issue fee (inc. advance copies)                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1460  | 130           | 1460   | 130  | Petitions to the Commissioner  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1807  | 50            | 1807   | 50   | Petitions related to provisional applications                              |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1806  | 180           | 1806   | 180  | Submission of Information Disclosure Statement                             |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 8021  | 40            | 8021   | 40   | Recording each patent assignment per property (times number of properties) | 40       |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| Other Fee (specify) _____   |               |  |  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| <b>Subtotal (1) \$ 770</b>  |               |  |  | <b>Subtotal (3) \$40</b>   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| FEE CALCULATION   |               |  |  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| <b>1. BASIC FILING FEE</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td><input checked="" type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>Subtotal (1) \$ 770</b></td> </tr> </tbody> </table>   |               | Large Entity   |  | Small Entity   |          | Fee Description | Fee      | Fee             | Fee      | Fee | Code | (\$) | Code | (\$)   |      | 1001 | 770  | 2001 | 385 | <input checked="" type="checkbox"/> Utility Filing Fee | 1002 | 340          | 2002 | 170                                 | <input type="checkbox"/> Design Filing Fee | 1004 | 770 | 2004 | 385  | <input type="checkbox"/> Reissue Filing Fee            | 1005 | 160  | 2005 | 80   | <input type="checkbox"/> Prov. Filing Fee | <b>Subtotal (1) \$ 770</b> |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| Large Entity  |               | Small Entity   |  | Fee Description  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| Fee   | Fee           | Fee  | Fee  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| Code  | (\$)          | Code   | (\$)   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1001  | 770           | 2001   | 385  | <input checked="" type="checkbox"/> Utility Filing Fee                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1002  | 340           | 2002   | 170  | <input type="checkbox"/> Design Filing Fee                                 |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1004  | 770           | 2004   | 385  | <input type="checkbox"/> Reissue Filing Fee                                |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1005  | 160           | 2005   | 80   | <input type="checkbox"/> Prov. Filing Fee                                  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| <b>Subtotal (1) \$ 770</b>  |               |  |  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| <b>2. EXTRA CLAIM FEES</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>16</td> <td>20</td> <td>0</td> <td>18</td> <td>0</td> </tr> <tr> <td>Indep.</td> <td>2</td> <td>3</td> <td>0</td> <td>86</td> <td>0</td> </tr> </tbody> </table> <p>Multiple Dependent Claims</p> <p>** Insert 3 and 20, or number previously paid if greater; Reissue see below</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>Subtotal (2) \$ 0</b></td> </tr> </tbody> </table> |               |  | Number Claims  | Prior**  | Extra    | Fee from Below  | Fee Paid | Total           | 16       | 20  | 0    | 18   | 0    | Indep. | 2    | 3    | 0    | 86   | 0   | Large Entity   |      | Small Entity |      | Description                         | Fee  | Fee  | Fee | Fee  | Code | (\$)   | Code | (\$) |      | 1202 | 18  | 2202                       | 9 | Claims in excess of 20 | 1201  | 86   | 2201  | 43   | Independent claims in excess of 3 | 1203 | 290 | 2203 | 145 | Multiple Dependent Claims              | 1204 | 86   | 2204 | 43   | Reissue Independent Claims over Original Patent | 1205                                    | 18 | 2205 | 9   | Reissue claims in excess of 20 and over original patent | <b>Subtotal (2) \$ 0</b> |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
|   | Number Claims | Prior**  | Extra  | Fee from Below   | Fee Paid |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| Total   | 16            | 20   | 0  | 18   | 0        |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| Indep.  | 2             | 3  | 0  | 86   | 0        |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| Large Entity  |               | Small Entity   |  | Description  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| Fee   | Fee           | Fee  | Fee  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| Code  | (\$)          | Code   | (\$)   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1202  | 18            | 2202   | 9  | Claims in excess of 20   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1201  | 86            | 2201   | 43   | Independent claims in excess of 3  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1203  | 290           | 2203   | 145  | Multiple Dependent Claims  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1204  | 86            | 2204   | 43   | Reissue Independent Claims over Original Patent                            |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| 1205  | 18            | 2205   | 9  | Reissue claims in excess of 20 and over original patent                    |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |
| <b>Subtotal (2) \$ 0</b>  |               |  |  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |                          |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |    |                           |  |  |  |  |  |                            |  |  |  |                          |  |

Signature   
 (Steven M. Kohler)  
 Date 5/31/04

Reg. No. 36,188

Deposit Account No. 23-1123